



**State of California**  
**Attorney General**  
**Bill Lockyer**

**Complaint Form**  
**(Print Form, Fill Out and Mail)**

**Department of Justice**  
**Public Inquiry Unit**  
 P.O. Box 944255  
 Sacramento, CA 94244-2550  
 (916) 322-3360  
 (800) 952-5225 California only

I wish to file a complaint against the party named below. I understand that the Attorney General does not represent private citizens seeking private remedies. I am, however, filing this complaint to notify your office of my allegations so that it may be determined if a law enforcement or statewide legal action is warranted.

**Complaining Party**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

**Complaint Against**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred method of contact: (circle one)

Home      Work

Have you contacted your local authority? (circle those which apply) Police, Sheriff, District Attorney, Grand Jury

Have you contacted another state agency?      ☐ No      ☐ Yes      If yes, name of agency \_\_\_\_\_

Have you contacted an attorney?      ☐ No      ☐ Yes

Is there a court action pending?      ☐ No      ☐ Yes      If yes, name of Court \_\_\_\_\_

Have you lost a lawsuit in this matter?      ☐ No      ☐ Yes

Medi-Cal Beneficiary I.D.(Medi-Cal Fraud) \_\_\_\_\_

Relationship to Victim (Elder Abuse) \_\_\_\_\_

Please provide a factual statement which clearly describes the date, place and nature of the incident which compels you to file a complaint against the above-named party with this office.

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Briefly describe how you believe this office can be of assistance.

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☐ Yes    ☐ No    I will sign a sworn statement if required.    ☐ Check here if additional information enclosed.

Signature \_\_\_\_\_ Date \_\_\_\_\_